

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

December 2, 2004

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Bison Witches Bar & Grill, 1320 'P' Street requesting that Paul Tuttle be approved as the manager of the class c liquor license.

Background information on the applicant is as follows:

Paul Tuttle was born in Lincoln, Nebraska. He attended Benson High School graduating in 1993.

Paul Tuttle employment history is as follows:

2001 - Present	Manager, Bison Witches	Lincoln, NE.
2000 - 2001	Driver, VVA	Lincoln, NE.
1999 - 2000	Bartender, Buzzard Billie's	Lincoln, NE.
1998 – 1999	Sever, Stackwoods	Lincoln, NE.
1997 – 1998	Server, Austin's Steakhouse	Lincoln, NE.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Liquor License Investigation
Business (DBA) BISON W. +ches
Manager Owner Other
Name: PAUL TUTTIE
US Citizen? Yes No
Has applicant ever been cited for liquor law violations? (No Yes Explain
Does applicant have an interest in another liquor license? No Yes Explain
Is spouse qualified to hold a license? Yes No N/A
How is applicant if not an owner to be paid? Salary Hourly
How many hours will applicant be at the establishment?
Any other employment ? No Yes, explain
Any previous experience with a liquor license? Yes No
Any criminal convictions? No Yes Comments PACTIC
Is applicant a property owner in Lincoln? Yes No
Is applicant involved in any civil litigation? No Yes Comments
(YPhoto (YRecords Check (YReferences
Comments

Interview Date 12/2/04

STATE OF NEBRASKA

PH: 12-1304



Mike Johanns Governor NOV 1 8 2004 BY: Cety Clark NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor P.O. Box 95046

Lincoln, Nebraska 68509-5046 Phone (402) 471-2571 Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: http://www.nol.org/home/NLCC/

A4-129998

November 17, 2004

Office of the City Clerk 555 So 10th St, Suite 103 Lincoln NE 68508

RE:

Bwitched Two Inc dba Bison Witches Bar & Grill

Dear Clerk:

Enclosed is a copy of a manager application for the following:

Tuttle, Paul R in connection with the Class C license #53140 of the above-named corporation.

Please present this application for manager to your City/Village Council or County Commissioners Board, and send us the results of their action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Licensing Division

mm

encl.

INTERVIEW 12-1-04 0900 hours

Rhonda R. Flower Commissioner

Bob Logsdon Chairman R.L. (Dick) Coyne Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

NOV 0 2 2004

hone: (402) 471-2571 Fax: (402) 471-2814 Web address: http://www.nol.org/home/NLCC/ NEBRASKA LIQUOR										
3		*******************************	NSE INFORM	**********	300000000000000000000000000000000000000			WHISSION		
NAME OF LICENSED CORPORATION		<u>2000</u>		<u> </u>	CLAS	S & LICE	ENSE NUMI	RFR		
KINITONEDITAD TAK.							-53 N			
TRADE NAME OF LICENSED PREMISE								190		
BISONWITCHER BANY DE								Mu		
STREET ADDRESS OF LICENSED PREMISE	CITY			COUN	NTY			ZIP CODE		
1320 "P"St.	Linco						68508			
On behalf of the corporation, I designate this individua	al as corpora	ate man	nager.				<u>1</u>			
Signature of Corporate President	/CEO:		Nee	Cit.	ka ch	ecl				
	CLC.									
APPLICANT	INFORA	AATI	ION (MUS	I BE	21 OR	OVER	9			
NAME (LAST, FIRST, MIDDLE, MAIDEN)	SEX F M	so	CIAL SECURI	TY NU	JMBER	DATE (OF BIRTH	PLACE OF BIRTH		
Tuttle PAUL RICHAN	F M		-	-				LINCOLN, Nr.		
HOME STREET ADDRESS		СПУ		C	OUNTY		STATE	ZIP CODE		
814518h		1	INCOLN /		LANC	BBN	NE	LROD		
HOME TELEPHONE NUMBER	BUSINESS	TELEP:	PHONE NUMB	HONE NUMBER D			DRIVERS LICENSE NUMBER & STATE			
(902) 202-6705	(402) 47	74.3	3387	387						
SPOUSE'S INFO	RMATI	ON (IF NOT M	ARR	HED IN	DICAT	TE)			
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	-			SOCIAL SECURITY NUMBER DI			DRIVERS I	LICENSE NUMBER		
NOT MARRIED								& STATE		
DATE OF BIRTH:			PLACE OF BIRTH							
1. READ CAREFULLY. Answer completely as	nd accurat	elv.		====			-,-,,-,			
Has anyone who is a party to this application, or their spouse, ever been convicted of a releast with the application.										
or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction and the charge occurred and the year and month of the conviction and the charge.										
charges pending at the time of this application. If more than one party, please list charges by each individual's name. Yes No										
G res G NO										
							_			
ENTER TO APPEAR OUT.	200	<u> </u>					C6:41	obje -		

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

 \exists_{YES}

МNO

3. Have you or your YES	spouse ever made a compror O	nise settle	ement for	violation	of such laws?				
4. Do you, as a mana Nebraska Liquor Co. □YES □NO	nger, have all the qualification ntrol Act (§53-131.01)	ons requir	ed by any	person 6	entitled to hold a Nebraska	Liquor Li	cense?		
YES DN									
	ESIDENCES FOR THE PA					r comp	LETE		
APPLICANT: CITY & S	TATE A /i-'	FROM	EAR TO	SPOUS	E: CITY & STATE		YEAR FROM TO		
		96	2004						
	EMPL	OYERS	- LIST L	ast tw	O EMPLOYERS				
YEAR FROM TO	NAME OF EMPLOYER				NAME OF SUPERVISOR	TE	LEPHONE NUI	IBER	
99 01	UJR OF NEED	GZA.		 	Dosis				
97 99	BUTTAND BILLYS		1 /		1.1				
	OATH AND CONSENT		COLOR DE LA COLOR	**********	HAM GAIGUA'T	opricia	T & CDAT	C.F.	
								3E	
STATE OF NEBRA	SKA)) SS								
COUNTY OF)								
application, mai said applica	ing first duly sworn upon oath, deportion has been read and that the contenued guilty of perjury and subject to p	ts thereof an	d all stateme	nts contain	ed therein are true. If any false stat	ement is mad	makes the above e in any part of	and foregoing this application,	
rederai), and bank or lending	ereby consents to an investigation of he ginstitution records, and said applican y other individual disclosing or releasi may be attached.	t and spouse	waive any r	ights or cau	ses of action that said applicant or s	nouse may be	ve against the N	lehraska Liguer	
The undersigned understand is incomplete and inaccurate	and acknowledge that any license issu	ed, based on	the informat	ion submitt	ed in this application, is subject to ca	ncellation if t	he information o	ontained herein	
	11.			9//		=			
$\chi = \mathcal{J}^{E_{j}}$	11/								
Signa	ature of Applicant				Signature of the	ett affiliest	10)		
Subscribed in my presence as day of	nd sworn to before me this			Subscrib day of	ed in my presence and swom to bef	ore me this _	2nd		
Nota	ry Signature & Seal				Notary S	ignature &	Porter		
				MENERAL MOTARY	MARGARET I. FRANKFORTER MY COMMISSION EXPIRES October 11, 2008			FORM 35-4013 REV 2/01	

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